Alabama Medicaid Agency Pharmacy and Therapeutics Committee

Date of Meeting: Wednesday, February 7, 2007
Preferred Drug List Final

Date Posted: 2/22/07

AHFS Drug Class Review: ANTIMIGRAINE AGENTS

Subclass Reviewed

Selective Serotonin Agonists

AHFS Drug Class Review: SKIN AND MUCOUS MEMBRANE ANTI-INFECTIVE AGENTS

Subclasses Reviewed

Skin and Mucous Membrane Antibacterials

Skin and Mucous Membrane Antivirals

Skin and Mucous Membrane Antifungals - Single Entity Agents

Skin and Mucous Membrane Antifungals - Combination Products

Skin and Mucous Membrane Scabicides and Pediculicides

Skin and Mucous Membrane Local Anti-infectives, Miscellaneous - Single Entity Agents

Skin and Mucous Membrane Local Anti-infectives, Miscellaneous - Combination Products

AHFS Drug Class Review: SKIN AND MUCOUS MEMBRANE ANTI-INFLAMMATORY AGENTS

Subclasses Reviewed

Skin and Mucous Membrane Anti-inflammatory Agents - Single Entity Agents

Skin and Mucous Membrane Anti-inflammatory Agents - Combination Products

AHFS Drug Class Review: SKIN AND MUCOUS MEMBRANE ANTIPRURITICS AND LOCAL ANESTHETICS

Subclasses Reviewed

Skin and Mucous Membrane Antipruritics and Local Anesthetics - Single Entity Agents
Skin and Mucous Membrane Antipruritics and Local Anesthetics - Combination Products

AHFS Drug Class Review: SKIN AND MUCOUS MEMBRANE ASTRINGENTS

Subclass Reviewed

Skin and Mucous Membrane Astringents

AHFS Drug Class Review: SKIN AND MUCOUS MEMBRANE KERATOLYTIC AGENTS

Subclass Reviewed

Skin and Mucous Membrane Keratolytic Agents

AHFS Drug Class Review: SKIN AND MUCOUS MEMBRANE KERATOPLASTIC AGENTS

Subclass Reviewed

Skin and Mucous Membrane Keratoplastic Agents

CONTINUED

AHFS Drug Class Review: SKIN AND MUCOUS MEMBRANE MISCELLANEOUS AGENTS Subclasses Reviewed

Skin and Mucous Membrane Agents, Miscellaneous - Single Entity Agents Skin and Mucous Membrane Agents, Miscellaneous - Combination Agents

AHFS New Drug Review: ANTIDIABETIC AGENTS, INSULINS Levemir®

Selective Serotonin Agonists

| DRUG CLASS | PREFERRED GENERIC/OTC | PREFERRED BRAND | NON-PREFERRED BRAND |
|---------------------------------|-----------------------|--------------------------------|-------------------------|
| Selective Serotonin Agonists | All covered products | AMERGE IMITREX MAXALT | AXERT FROVA ZOMIG |
| | | MAXALT MAXALT MLT RELPAX | ZOMIG ZMT |

^{*} Denotes generic available in at least one dosage form or strength

Antibacterials

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Antibacterials

All covered products

METROGEL-VAGINAL*

BACTROBAN*
CENTANY*
CLEOCIN*
CLINDESSE
CORTISPORIN
NEOSPORIN G.U.
IRRIGANT*
VANDAZOLE*

* Denotes generic available in at least one dosage form or strength

Antivirals

DRUG CLASSPREFERRED
GENERIC/OTCPREFERRED
BRANDNON-PREFERRED
BRAND

Antivirals All covered products ZOVIRAX DENAVIR

* Denotes generic available in at least one dosage form or strength

Antifungals Single Entity Agents

| DRUG CLASS | PREFERRED GENERIC/OTC | PREFERRED BRAND | NON-PREFERRED BRAND |
|---------------------------|--------------------------|--------------------|------------------------|
| Antifungals | All covered products | NONE | ERTACZO |
| Single Entity Agents | | | EXELDERM |
| | | | GYNAZOLE-1 |
| | | | KURIC* |
| | | | LAMISIL |
| | | | LOPROX* |
| | | | MENTAX |
| | | | MONISTAT-3* |
| | | | MONISTAT-DERM* |
| | | | MYCELEX* |
| | | | MYCOSTATIN* |
| * Denotes generic | | | NAFTIN |
| available in at least one | | | NIZORAL* |
| dosage form or strength | | | OXISTAT |
| | | | PENLAC |
| Drug name denotes all | | | SPECTAZOLE* |
| dosage forms and | | | TERAZOL 3* |
| strengths unless noted | | | TERAZOL 7* |
| | | | XOLEGEL |
| | | | ZAZOLE* |

Antifungals Combination Products

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Antifungals-Combination Products All covered products

NONE

BENSAL HP FUNGOID & HC LOTRISONE* VUSION

* Denotes generic available in at least one dosage form or strength

Scabicides and Pediculicides

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND or PA GENERIC

Scabicides and Pediculicides

All covered products except generic lindane **EURAX**

ACTICIN*
ELIMITE*
lindane (generic)
OVIDE

* Denotes generic available in at least one dosage form or strength

Anti-infectives, Miscellaneous Single Entity Agents

DRUG CLASS NON-PREFERRED PREFERRED PREFERRED GENERIC/OTC BRAND BRAND Anti-infectives, All covered products PHISOHEX AVC Miscellaneous FORMALYDE-10 **Single Entity Agents** LAZERFORMALYDE SILVADENE* SSD* SSD AF* **SULFAMYLON**

^{*} Denotes generic available in at least one dosage form or strength

Anti-infectives, Miscellaneous Combination Products

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Anti-infectives,
Miscellaneous
Combination Products

All covered products

NONE

RELAGARD*

* Denotes generic available in at least one dosage form or strength

Anti-inflammatory Agents Single Entity Agents

| DRUG CLASS | PREFERRED GENERIC/OTC | PREFERRED BRAND | NON-PREFERRED BRAND |
|---------------------------|--------------------------|--------------------|------------------------|
| Anti-inflammatory | All covered products | CAPEX SHAMPOO | ACLOVATE* |
| Agents | / oo vorou producto | DERMASMOOTHE/FS | ALPHATREX* |
| Single Entity Agents | | | ANUSOL-HC* |
| 5 , 5 | | | APEXICON* |
| | | | APEXICON E |
| | | | ARISTOCORT* |
| | | | ARISTOCORT A |
| | | | ARISTOCORT HP* |
| | | | CETACORT* |
| | | | CLOBEX |
| | | | CLODERM |
| * Denotes generic | | | CORDRAN |
| available in at least one | | | CORDRAN SP |
| dosage form or strength | | | CORMAX* |
| | | | CORTIFOAM |
| Drug name denotes all | | | CUTIVATE* |
| dosage forms and | | | CYCLOCORT* |
| strengths unless noted | | | DERMATOP* |
| | | | DESONATE |
| | | | DESOWEN* |
| | | | DIPROLENE* |
| | | | DIPROLENE AF* |
| | | | DIPROSONE* |
| | | | ELOCON* |
| | | | EMBELINE* |
| | | | EMBELINE E* HALOG |
| | | | HYDROPRAMOX |
| | | | HYTONE* |
| | | | KENALOG* |
| | | | LIDEX* |
| | | | LIDEX-E* |
| | | | LOCOID* |
| | | | LOCOID LIPOCREAM |
| | | | LUXIQ |
| | | | NUTRACORT* |
| | | | OLUX |
| | | | OLUX-E |
| | | | PANDEL |

PROCTOCORT*
PROCTOCREAM-HC*
PSORCON E
SYNALAR*
TEMOVATE*
TEMOVATE E*
TEMOVATE EMOLLIENT*
TEXACORT
TOPICORT*
TOPICORT LP*
TRIDESILON*
ULTRAVATE*
VANOS
VERDESO
WESTCORT*

Anti-inflammatory Agents Combination Products

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Anti-inflammatory
Agents
Combination Products

All covered products

NONE

CARMOL HC* NUZON*

* Denotes generic available in at least one dosage form or strength

Antipruritics and Local Anesthetics Single Entity Agents

DRUG CLASS NON-PREFERRED PREFERRED PREFERRED GENERIC/OTC BRAND BRAND Antipruritics and All covered products **NONE AMERICAINE Local Anesthetics** LIDAMANTLE* **Single Entity Agents** LIDODERM PONTOCAINE PROCTOFOAM **PRUDOXIN ZONALON**

^{*} Denotes generic available in at least one dosage form or strength

Antipruritics and Local Anesthetics Combination Products

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Antipruritics and Local Anesthetics Combination Products

All covered products

NONE

ANAMANTLE HC*
ANAMANTLE HC FORTE*
EMLA*
LIDAMANTLE HC*
LIDOSITE
RECTAGEL HC
REGENECARE
SYNERA

^{*} Denotes generic available in at least one dosage form or strength

Astringents

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Astringents

All covered products

NONE

AMBERDERM
DRYSOL*
DRYSOL DAB-O-MATIC*
XERAC AC

* Denotes generic available in at least one dosage form or strength

Keratolytic Agents

DRUG CLASSPREFERREDPREFERREDNON-PREFERREDGENERIC/OTCBRANDBRAND

Keratolytic Agents All covered products NONE CARMOL*

KERAFOAM

KERAFOAM
KERALAC*
KEROL REDICLOTHS
SALEX*
UMECTA
VANAMIDE*

* Denotes generic available in at least one dosage form or strength

Keratoplastic Agents

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Keratoplastic Agents

All covered products

NONE

DOAK TAR DISTILLATE PSORIATEC*

* Denotes generic available in at least one dosage form or strength

Miscellaneous Agents Single Entity Agents

| DRUG CLASS | PREFERRED | PREFERRED | NON-PREFERRED |
|---------------------------|------------------------|------------------|---------------|
| | GENERIC/OTC | <u>BRAND</u> | <u>BRAND</u> |
| Miscellaneous Agents | All covered products | NONE | ALDARA |
| Single Entity Agents | / iii covorca producio | | CARAC |
| - J | | | CONDYLOX* |
| | | | DOVONEX |
| | | | EFUDEX* |
| | | | ELIDEL |
| | | | FLUOROPLEX |
| | | | PANRETIN |
| | | | PODOCON-25 |
| | | | PROTOPIC |
| | | | REGRANEX |
| * Denotes generic | | | SALICEPT |
| available in at least one | | | SANTYL |
| dosage form or strength | | | SOLARAZE |
| | | | TARGRETIN |
| Drug name denotes all | | | TAZORAC |
| dosage forms and | | | |
| strengths unless noted | | | |

Miscellaneous Agents Combination Products

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Miscellaneous Agents Combination Products All covered products

NONE

ACCUZYME*
CONSTANT CLENS
GLADASE*
GLADASE-C*
MUCOTROL
PANAFIL*
RADIAPLEXRX
TACLONEX

* Denotes generic available in at least one dosage form or strength

Antidiabetic Agents, Insulins

New Product Review Levemir

DRUG CLASS

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND

Antidiabetic Agents, Insulins

All covered products

SEE CURRENT PDL LISTING

LEVEMIR

Levemir

* Denotes generic available in at least one dosage form or strength